

(State)

(Agency)

**REQUEST FOR WAGE AND SEPARATION INFORMATION  
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES**

Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ S.S.No. \_\_\_\_\_  
 Place of employment \_\_\_\_\_  
 Date of Request \_\_\_\_\_

COMPLETE THE ITEMS BELOW AND RETURN  
WITHIN 4 DAYS

Insert name and address of Federal agency  
payroll office

(Space for window envelope)

**1. FEDERAL SERVICE:**

a. Did this person perform Federal service for your agency during the periods indicated in item 2 below? Yes        No       . If no, explain why any service performed was not Federal service.

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b. Enter State or country of last "headquarters" or "duty station," if different, or, if neither is shown, the place of employment. \_\_\_\_\_

**2. BASE-PERIOD WAGE INFORMATION**

Base Period Ctr. Ending	Year	GROSS WAGES	If these wages were previously assigned, indicate			
			State	Date Assigned	Amount Assigned	Specific period covered
Total Gross Wages						

**3. SEPARATION INFORMATION:**

a. Date of separation \_\_\_\_\_ b. Terminal leave (lump sum) expires on \_\_\_\_\_  
 c. Reason for separation. (Explain in detail. Use reverse or continuation sheet if necessary.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that this wage and separation report, which constitutes the findings made by this agency, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report.

Insert name and address of State agency office to which form is to be returned

Signed \_\_\_\_\_

ALTERNATIVE ITEMS FOR WAGE INFORMATION SECTION 2 OF FORM ES-931

MICHIGAN

2. BASE-PERIOD WAGE INFORMATION

Base Period From \_\_\_\_\_ through \_\_\_\_\_.

a. In the base period, did claimant earn at least \$15.01 in each of 39 weeks? Yes \_\_\_\_ No \_\_\_\_\_. (If answer is "Yes," disregard item (1) if answer is "No," complete item (1))

(1) In how many weeks did he earn \$15.01 or more \_\_\_\_\_ during the base period, \_\_\_\_\_ No. of weeks

b. Give claimant's total wages in the base period \$ \_\_\_\_\_.

c. Give claimant's total wages in weeks in which he earned \$15.01 or more if different from total shown in item (b) \$ \_\_\_\_\_.

d. If the claimant was laid off, will he be called back within 4 weeks? Yes \_\_\_\_ No \_\_\_\_\_. If "No," has claimant been separated for an indefinite period? Yes \_\_\_\_ No \_\_\_\_\_.

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

WISCONSIN

2. WAGE INFORMATION

a. In calendar year claimant earned \$ \_\_\_\_\_ and he worked in \_\_\_\_\_ weeks with this agency.

If claimant worked for you less than 10 weeks in \_\_\_\_\_, indicate:

Claimant's total wages in \_\_\_\_\_ from this agency \$ \_\_\_\_\_.

Claimant's total work weeks in \_\_\_\_\_ in this agency \_\_\_\_\_.

b. During the period from \_\_\_\_\_ to \_\_\_\_\_, in how many weeks did claimant work for you in employment covered by title XV? \_\_\_\_\_  
No. of weeks

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

NEW JERSEY

2. BASE-PERIOD WAGE INFORMATION

Base Period From \_\_\_\_\_ through \_\_\_\_\_.

a. During the base period shown above the claimant earned \$15.00 or more a week in each of 35 weeks and earned a total of at least \$2262:  
Yes \_\_\_\_\_

b. No \_\_\_\_\_, During that period the claimant earned \$15.00 or more in each of \_\_\_\_\_ weeks and in these weeks he earned a total of \$ \_\_\_\_\_.  
(Do not include wages for weeks in which claimant earned less than \$15.00).

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

NEW YORK

2. BASE-PERIOD WAGE INFORMATION

Base Period From \_\_\_\_\_ through \_\_\_\_\_.

a. During the base period shown above the claimant worked at least 26 weeks and earned at least \$3016:  
Yes \_\_\_\_\_

b. No \_\_\_\_\_, During that period the claimant worked \_\_\_\_\_ weeks and earned a total of \$ \_\_\_\_\_.  
c. He earned less than \$15.00 a week during \_\_\_\_\_ of those weeks and in such weeks his total earnings were \$ \_\_\_\_\_.

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

OHIO

## 2. BASE-PERIOD WAGE INFORMATION

Base Period From \_\_\_\_\_ through \_\_\_\_\_.

a.

Base Period		If these wages were previously assigned, indicate:				
Quarter	Year	GROSS WAGES	State	Date Assigned	Amount Assigned	Specific period covered
Total Gross Wages						

b. If claimant worked for you in less than 20 calendar weeks in the base period, in how many weeks did he work? \_\_\_\_\_

No. of weeks

UTAH

## 2. BASE-PERIOD WAGE INFORMATION

Base Period From \_\_\_\_\_ through \_\_\_\_\_.

a. Enter base period wages in space provided

Base Period		If these wages were previously assigned, indicate:				
Quarter	Year	GROSS WAGES	State	Date Assigned	Amount Assigned	Specific Period Covered
Total Gross Wages						

b. Did this employee work full time hours? Yes    No     
If part-time, was this due to employee choice? Yes    No   c. Did claimant work for you at least 2 full days (or 16 hours) in each of 19 calendar weeks during the base period? Yes    No     
If "No" in how many weeks did claimant work 2 full days or 16 hours? \_\_\_\_\_.

(State)  
(Agency)REQUEST FOR INFORMATION OR  
RECONSIDERATION OF FEDERAL FINDINGS

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Request on Form ES-931 \_\_\_\_\_

Insert name and address of Federal  
agency payroll office

(Space for window envelope)

I request  reconsideration or  addi-  
tional information about the following  
findings:

Federal service .  
 Federal wages assigned to \_\_\_\_\_ (State)  
 Periods of Federal service  
 Reason for separation

Reasons for Request (use continuation sheet if necessary)

State what supporting documents were submitted by the claimant to substantiate his  
request:

Claimant's Signature

Date

State Agency Representative's  
Signature

Date

 Additional Information is given below: Reconsidered findings (explain below):

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(use reverse side if necessary)

I hereby certify that the above has been  
examined by me and to the best of my  
knowledge is true, correct, and complete.Insert name and address of State agency  
to which form is to be returned

Signed \_\_\_\_\_

(Space for window envelope)

Title \_\_\_\_\_ Date \_\_\_\_\_

## UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES

This kit contains the following items:

1. Public Law 767 - 83d Congress. (Section 4(a) adds a new Title XV to the Social Security Act "Unemployment Compensation for Federal Employees.")
2. Regulations to Implement Title XV of the Social Security Act, as Amended (Responsibilities of Federal Agencies).
3. PROCEDURES - Responsibilities of Federal Agencies under Title XV of the Social Security Act - Unemployment Compensation for Federal Employees.
4. Employee Pamphlet "Federal Civilian Employees! Your Unemployment Compensation."

### ACTIONS BY EACH FEDERAL AGENCY

1. Obtain and Distribute Notice to Separated Federal Employee SF No. 8

This form should be requisitioned immediately from the GSA in sufficient quantities to provide for distribution to all employees who are separated, or placed on nonpay status for an extended period, on or after January 1, 1955. (See kit item 3, paragraph 7 and Exhibit A.)

2. Distribute the Employee Information Pamphlet

Sufficient copies of this pamphlet (see kit item 4) for distribution to all current employees have been sent to you by the Government Printing Office without requisition on your part and at no cost to your agency.

3. Make Determinations Relative to Coverage

It is essential that each Federal department and agency immediately initiate a review of its entire organization to determine which employees are covered under this new law. (See kit item 3, paragraph 2.)

4. Develop Instructions and Issue Them Through Agency Manual or Instructional System

Each Federal department or agency should adapt the instructions in "PROCEDURES" (see kit item 3) to its own procedural format and issue instructions to the operating offices involved sufficiently in advance of January 1 to ensure adequate preparation and training of their personnel who must process State requests for wage and separation information, Forms ES-931. These instructions should include information concerning the determinations made pursuant to paragraph 3 above. Copies of all instructions or informational materials prepared by each agency should be immediately forwarded to the Bureau of Employment Security, U. S. Department of Labor, reference UCPE.